

MOUNT WACHUSETT COMMUNITY COLLEGE
APPROVAL FORM FOR COLLABORATIVE IRB OVERSIGHT

Name of Principal Investigator: _____ Phone: _____

Principal Investigator Status: MWCC Staff MWCC Student

Other

If other, institutional affiliation: _____

Project Title: _____

Institution with primary IRB oversight and record-keeping: _____

Has approval been received? Yes No

If yes, approval must be attached.

If no, when is approval expected? _____

(Copy of approval MUST be submitted before research at MWCC may begin)

Project Requires: Exempt Expedited Full Board Review

Proposed Project Dates: _____

Project Summary/Abstract:

Primary Investigator Signature _____

Date _____

MWCC IRB Chair Signature _____

Date _____